

COURSE EVALUATION FOR ADMINISTRATIVE DIRECTOR

As a part of the Administrative Director's ongoing efforts to ensure that courses for Qualified Medical Evaluators offer valuable information on California's Workers' Compensation-related medical evaluation issues, we are asking attendees of the courses approved by the Administrative Director (including distance learning programs) to complete the following Course Evaluation.

Date of Course: _____ Course Provider: _____

Course Name: _____

Maximum Course Hours Available: _____ Hours Completed: _____

	Excellent	Good	Satisfactory	Fair	Poor
Content/Hand-out material	5	4	3	2	1
Adequate/Accurate new information	5	4	3	2	1
Educational Objective Met	5	4	3	2	1
Pertinence to QME evaluations	5	4	3	2	1
Knowledge of presenters	5	4	3	2	1
Syllabus Legibility	5	4	3	2	1
Adequacy of Room	5	4	3	2	1
Adequacy of Audio Visual	5	4	3	2	1
Overall Rating	5	4	3	2	1

What improvement(s) would you suggest? _____

TO ALL ATTENDEES: PLEASE RETURN THIS FORM TO THE DWC

All education providers are required to provide this response form to all attendees and to advise all attendees that the form should be promptly returned to the Administrative Director at the address on the back of this form.

QME Form 117 (rev. February 2009)

UNION LABEL

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NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL		
FIRST-CLASS MAIL PERMIT NO. XXXXX OAKLAND CA		

POSTAGE WILL BE PAID BY ADDRESSEE

DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT
PO BOX 71010
OAKLAND, CA 94612